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## Bib Data Sheet

**CONFIRMATION NO. 7784**

SERIAL NUMBER 09/902,035	FILING DATE 07/10/2001  RULE	CLASS 455	GROUP ART UNIT 2684	ATTORNEY DOCKET NO. 42252-1009					
<b>APPLICANTS</b>  Timothy David Forrester, San Diego, CA;									
** CONTINUING DATA ..... <u>None</u> ..... <input checked="" type="checkbox"/>									
** FOREIGN APPLICATIONS ..... <u>Yes</u> ..... <input checked="" type="checkbox"/>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/23/2001									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; vertical-align: top;">           Foreign Priority claimed  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions met  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance            Verified and Acknowledged            Examiner's Signature _____ Initials <u>  <i>DF</i>  </u> </td> <td style="width: 15%; vertical-align: top;">           STATE OR COUNTRY CA         </td> <td style="width: 15%; vertical-align: top;">           SHEETS DRAWING 5         </td> <td style="width: 15%; vertical-align: top;">           TOTAL CLAIMS 27         </td> <td style="width: 10%; vertical-align: top;">           INDEPENDENT CLAIMS 7         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials <u>  <i>DF</i>  </u>	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 7
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<b>ADDRESS</b> 32968 KYOCERA WIRELESS CORP. P.O. BOX 928289 SAN DIEGO , CA 92192-8289									
<b>TITLE</b> System and method for receiving and transmitting information in a multipath environment									
FILING FEE  RECEIVED 1286	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; vertical-align: top;">           FEES: Authority has been given in Paper            No. _____ to charge/credit DEPOSIT ACCOUNT            No. _____ for following:         </td> <td style="width: 40%; vertical-align: top;"> <input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees ( Filing )  <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )  <input type="checkbox"/> 1.18 Fees ( Issue )  <input type="checkbox"/> Other _____         </td> </tr> </table>				FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____			
FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____								